

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005818

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 46

FILED MAR 11 1963

VS 300
Rev. 4/59

10275

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		c. CITY OR TOWN Boonville	
Length of stay in 1b 20 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home 606-6th. St.		d. STREET ADDRESS (If outside, give location) 606 Sixth St.	
3. NAME OF DECEASED (Type or print) First Wesley Middle H. Last Kirchner		4. DATE OF DEATH Month March Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1880
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm (Retired)	
11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Nicholas Kirchner		13b. MOTHER'S MAIDEN NAME Josephine Runkle	
13c. NAME OF HUSBAND OR WIFE Julia Ann Stegner Kirchner		14. NAME OF HUSBAND OR WIFE Julia Ann Stegner Kirchner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Wesley H. Kirchner, Boonville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Boonville, Mo.		
20g. COUNTY		20h. STATE	
21. I attended the deceased from Death occurred at March 4-63 to March 63 and last saw him alive on 3/4/63		21. I attended the deceased from Death occurred at 10:45 am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. L. DeLongue MD (Degree or title)		22b. ADDRESS Boonville Mo	
22c. DATE SIGNED 3/8/63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 8, 1963	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.	23d. LOCATION (City, town, or county) Boonville, Mo.
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 3/8/63	
26. REGISTRAR'S SIGNATURE E. Hooper		26. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539
Boonville, Mo.
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.